

STATE OF CALIFORNIA
DEPARTMENT OF INSURANCE (CDI)

APPLICATION FOR APPROVAL OF
INSURANCE RATES

Your file #: _____
(15 characters maximum)

__ Original __ Copy 1 __ Copy 2

Does this file contain group data? Yes __ No __

Is this a specialty filing? Yes __ No __

**Note: A separate CA-RA1 page must be
Submitted for each company within a
Group filing.**

Latest applicable CDI File No. in this
Line, Subline and/or Program:

Department Use Only

FILING NO.: _____

DATE FILED: _____

COMPLIANCE DATE: _____

DATE PUBLIC NOTIFIED: _____

DEEMER DATE: _____

INTAKE ANALYST: _____

BUREAU CODE & SR.: _____

GROUP FILING: Yes _____ No _____

X-REFERENCE #: _____

Rate New Program Rule Form
Both Rate & Form Class Plan

PERCENT CHANGE: _____%

Company Name _____ Group Name _____

NAIC Company Code _____ NAIC Group Code _____

Organized Under the Laws of the State of _____

Line of Insurance _____ Subline _____
(as it appears in CA-RA3) (as it appears in CA-RA3)

Program _____

Home Office _____

Main Administrative Office in California _____

Name and Title of Contact Person _____

Toll Free Phone No.: (_____) _____ Fax No.: (_____) _____

If not available, collect calls will be made.

Internet Address (if available): _____

Mailing Address _____

I declare under penalty of perjury, under the laws of the State of California, that the
information filed is true, complete, and correct.

Authorized Signature

Date of Filing

Telephone Number

PROPERTY & LIABILITY FILING SUBMISSION DATA SHEET

This application must be accurately completed and accompany each filing or modification. If this application is not properly completed, the filing will be **REJECTED**.

The purpose of this filing is as follows: (More than one item may be marked.)

	<u>Pages & Documents Required</u>
<input type="checkbox"/> Rates	
<input type="checkbox"/> Increase Rates	CA-RA1 through 8 plus Exhibits
<input type="checkbox"/> Decrease Rates	CA-RA1 through 8 plus Exhibits
<input type="checkbox"/> Zero Overall Rate Impact	CA-RA1 through 8 plus Exhibits
<input type="checkbox"/> Forms with Rate Impact	
<input type="checkbox"/> With Corresponding Rule Change	CA-RA1 through 8 plus Exhibits and CA-FA1 through 2
<input type="checkbox"/> Without Rule Change	CA-RA1, 2, 3, 4 and CA-FA1 & 2
<input type="checkbox"/> Manual Rules	CA-RA1, 2, 3, 4
<input type="checkbox"/> Rating Rules	CA-RA1 through 8 plus Exhibits
<input type="checkbox"/> New Program	CA-RA1, 2, 3, 4, 5, 8 plus Exhibit 23

All Private Passenger Automobile class plans must be filed separately from the Prior Approval rate application.

PROPERTY & LIABILITY FILING SUBMISSION DATA SHEET (CONT.)

Proposed Earned Premium per Exposure: \$ _____

Proposed Overall Rate Change: _____%

	Coverage	<u>Indicated Change (%)</u>	<u>Proposed Change (%)</u>	<u>Current Level Earned Premium (\$)</u>	<u>Projected Earned Premium (\$)</u>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
	TOTAL				

LINE OF BUSINESS

This filing pertains to the following line of insurance: (Only one line and one subline should be checked.)

	LINE:	SUBLINE:
		(Only the following sublines should be designated.)
<input type="checkbox"/> PERSONAL LINES:	_____ Fire	
	_____ Allied Lines	
	_____ Homeowners Multi-Peril	_____ <u>Personal</u>
<input type="checkbox"/> COMMERCIAL LINES:	_____ Commercial Multi-Peril	_____ Mobile Homeowners
	_____ Earthquake	_____ Motorcycle
	_____ Farmowners Multi-Peril	_____ Pleasure Boats
	_____ Inland Marine	_____ Umbrella/Excess
	_____ Medical Malpractice	_____ Other (Please Specify)
	_____ Other Liability	_____
	_____ Auto Liability	_____ None
	_____ Auto Physical Damage	
	_____ Auto Liab. & PD	_____ <u>Commercial</u>
	_____ Aircraft	_____ Businessowners
	_____ Glass	_____ Liquor Liability
	_____ Burglary & Theft	_____ Manufacturers & Contractors
	_____ Boiler & Machinery	_____ Owners, Landlords, & Tenants
	_____ Fidelity	_____ Other Professional Liability
	_____ Surety	_____ Product Liability
	_____ Miscellaneous	_____ Special Multi-Peril
		_____ Umbrella/Excess
		_____ Other (Please specify)

		_____ None

FILING CHECKLIST

Use this checklist to assemble all documents to constitute a proper filing.

- _____ Application for Approval (CA-RA1)
- _____ Filing Memorandum (Include in all filings.)
- _____ Self-addressed, stamped envelope
- _____ Submission Data Sheet (CA-RA2)
- _____ Line of Business (CA-RA3)
- _____ Filing Checklist (CA-RA4)
- _____ Ratemaking Data (CA-RA5)
- _____ Reconciliation Report (CA-RA6)
- _____ Additional Data Required by Statute (CA-RA7)
- _____ Miscellaneous Data (CA-RA8)

SUPPORTING DATA EXHIBITS

- _____ Exhibit 1: Filing History
- _____ Exhibit 2: Rate Level History
- _____ Exhibit 3: Premium Adjustment Factor
- _____ Exhibit 4: Premium Trend Factor
- _____ Exhibit 5: Allocated Loss Adjustment Expense
- _____ Exhibit 6: Loss Development Factors
- _____ Exhibit 7: ALAE Development Factors
- _____ Exhibit 8: Loss Trend, ALAE Trend, and Expense Trend
- _____ Exhibit 9: Catastrophe Adjustment
- _____ Exhibit 10: Policy Term Distribution

SUPPORTING DATA EXHIBITS (CONT.)

- _____ Exhibit 11: Credibility Adjustment
- _____ Exhibit 12: Complementary Losses / Data Availability Report
- _____ Exhibit 13: Projected Expenses / Interjurisdictional Expense Allocations
- _____ Exhibit 14: Unallocated Loss Adjustment Expense
- _____ Exhibit 15: Other Expense Items
- _____ Exhibit 16: Ancillary Income
- _____ Exhibit 17: Federal Income Tax Rate
- _____ Exhibit 18: Projected Investment Income Ratio
- _____ Exhibit 19: Loss Reserves, Loss Adjustment Expense Reserves,
& Unearned Premium Reserves
- _____ Exhibit 20: Insurer's Ratemaking Calculations
- _____ Exhibit 21: Rate Distribution
- _____ Exhibit 22: Rate Classification Relativities
- _____ Exhibit 23: New Program
- _____ Exhibit 24: Group Filing
- _____ Exhibit 25: _____

See instructions on CA-IA2 and CA-IA3 regarding the following attachments:

- _____ Printed Rate and Rule Manual Pages
- _____ Underwriting Rules
- _____ Forms (Attach all independent forms and list all advisory organization forms.)

RATEMAKING DATA

Line of Insurance _____

Subline: _____

Program: _____

Exposure Base: _____

Marketing System: Captive Direct Independent Other _____

Accident Year Data*

	2nd Prior Year 19__	1st Prior Year 19__	Most Recent Year 19__	New Program <u>Projected</u>
1. California Direct Written Premium	\$ _____	\$ _____	\$ _____	\$ _____
2. California Direct Earned Premium	\$ _____	\$ _____	\$ _____	\$ _____
3. Premium Adjustment Factor [Developed in Exhibit 3]	_____	_____	_____	
4. Premium Trend Factor [Developed in Exhibit 4]	_____	_____	_____	
5. Earned Exposure Units	_____	_____	_____	_____ **
6. Historic Losses	\$ _____	\$ _____	\$ _____	\$ _____ **
7. Historic Allocated Loss Adjustment Expense (ALAE) [Developed in Exhibit 5]	\$ _____	\$ _____	\$ _____	\$ _____ **
8. Loss Development Factor [Developed in Exhibit 6]	_____	_____	_____	
9. ALAE Development Factor [Developed in Exhibit 7]	_____	_____	_____	

*For Medical Malpractice, provide data on a report-year basis.

**For New Program, provide projected California figures. Corresponding exhibits are not required for new programs except Exhibit 23.

RATEMAKING DATA CONTINUED

	2nd Prior Year 19__	1st Prior Year 19__	Most Recent Year 19__	New Program <u>Projected</u>
10. Loss Trend Factor [Developed in Exhibit 8]	_____	_____	_____	
11. ALAE Trend Factor [Developed in Exhibit 8]	_____	_____	_____	
12. Catastrophe Adjustment Factor [Developed in Exhibit 9]	_____	_____	_____	
13. Credibility Factor for Losses [Developed in Exhibit 11]	_____	_____	_____	
14. Credibility Factor for ALAE [Developed in Exhibit 11]	_____	_____	_____	
15. Complementary Losses [Developed in Exhibit 12]	\$ _____	\$ _____	\$ _____	
16. Complementary ALAE [Developed in Exhibit 12]	\$ _____	\$ _____	\$ _____	

Show the following data in calendar year basis:

17. Commission [Developed in Exhibit 13]	\$ _____ _____ %	\$ _____ _____ %	\$ _____ _____ %	\$ _____ _____ %
18. Other Acquisition Expenses [Developed in Exhibit 13]	\$ _____ _____ %	\$ _____ _____ %	\$ _____ _____ %	\$ _____ _____ %
19. General Expenses [Developed in Exhibit 13]	\$ _____ _____ %	\$ _____ _____ %	\$ _____ _____ %	\$ _____ _____ %
20. Taxes, Licenses & Fees (Excluding State Tax) [Developed in Exhibit 13]	\$ _____ _____ %	\$ _____ _____ %	\$ _____ _____ %	\$ _____ _____ %

RATEMAKING DATA CONTINUED

	2nd Prior Year 19__	1st Prior Year 19__	Most Recent Year 19__	New Program <u>Projected</u>
21. Unallocated Loss Adjustment Expenses [Developed in Exhibit 14]	\$ _____ _____ %	\$ _____ _____ %	\$ _____ _____ %	\$ _____ _____ %
22. Other Expense Items [Developed in Exhibit 15]	\$ _____ _____ %	\$ _____ _____ %	\$ _____ _____ %	\$ _____ _____ %
23. Expense Trend [Developed in Exhibit 8]	_____	_____	_____	_____
24. Ancillary Income [Developed in Exhibit 16]	\$ _____	\$ _____	\$ _____	\$ _____
25. Projected Federal Income Tax Rate [Developed in Exhibit 17]	_____	_____	_____	_____
26. Projected Investment Income Ratio [Developed in Exhibit 18]				_____
27. Loss Reserves [Developed in Exhibit 19]		\$ _____	\$ _____	\$ _____
28. Loss Adjustment Expense Reserves [Developed in Exhibit 19]		\$ _____	\$ _____	\$ _____
29. Unearned Premium Reserves [Developed in Exhibit 19]		\$ _____ \$ _____	\$ _____ \$ _____	\$ _____ \$ _____

PAGE 14 CALENDAR YEAR DATA
RECONCILIATION OF FINANCIAL DATA PER PROGRAM

Direct Written Premium

Program	2nd Prior Year 19____	1st Prior Year 19____	Most Recent Year 19____
1. _____	\$_____	\$_____	\$_____
2. _____	\$_____	\$_____	\$_____
3. _____	\$_____	\$_____	\$_____
TOTAL	\$_____	\$_____	\$_____
Page 14	\$_____	\$_____	\$_____
Difference	\$_____	\$_____	\$_____

Explain the Differences: _____

Direct Earned Premium

Program	2nd Prior Year 19____	1st Prior Year 19____	Most Recent Year 19____
1. _____	\$_____	\$_____	\$_____
2. _____	\$_____	\$_____	\$_____
3. _____	\$_____	\$_____	\$_____
TOTAL	\$_____	\$_____	\$_____
Page 14	\$_____	\$_____	\$_____
Difference	\$_____	\$_____	\$_____

Explain the Differences: _____

RECONCILIATION OF FINANCIAL DATA PER PROGRAM

Direct Incurred Losses

Program	2nd Prior Year 19____	1st Prior Year 19____	Most Recent Year 19____
1. _____	\$_____	\$_____	\$_____
2. _____	\$_____	\$_____	\$_____
3. _____	\$_____	\$_____	\$_____
TOTAL	\$_____	\$_____	\$_____
Page 14	\$_____	\$_____	\$_____
Difference	\$_____	\$_____	\$_____

Explain the Differences: _____

Direct Paid Losses

Program	2nd Prior Year 19____	1st Prior Year 19____	Most Recent Year 19____
1. _____	\$_____	\$_____	\$_____
2. _____	\$_____	\$_____	\$_____
3. _____	\$_____	\$_____	\$_____
TOTAL	\$_____	\$_____	\$_____
Page 14	\$_____	\$_____	\$_____
Difference	\$_____	\$_____	\$_____

Explain the Differences: _____

ADDITIONAL DATA REQUIRED BY STATUTE

Calendar Year

2nd
Prior
Year
19____

1st
Prior
Year
19____

Most
Recent
Year
19____

1. NUMBER OF CLAIMS

A. # of Claims Outstanding at Beginning of Year	_____	_____	_____
B. # of Claims During The Year	_____	_____	_____
C. # of Claims Closed During The Year	_____	_____	_____
D. # of Claims Outstanding At Year's End (A)+(B)-(C)	_____	_____	_____

2. POLICY COUNT

A. # of Policies Issued	_____	_____	_____
B. # of Policies New	_____	_____	_____
C. # of Policies Renewed	_____	_____	_____
D. # of Policies Cancelled	_____	_____	_____
E. # of Policies Nonrenewed	_____	_____	_____

3. DIRECT LOSS AND LOSS RESERVES

A. Paid Loss	\$_____	\$_____	\$_____
B. Incurred Loss	\$_____	\$_____	\$_____
C. Reserves for Outstanding Reported Claims	\$_____	\$_____	\$_____
D. IBNR Reserves	\$_____	\$_____	\$_____
E. ALAE	\$_____	\$_____	\$_____
F. % of ALAE Attributable To Defense Attorneys	_____	_____	_____

ADDITIONAL DATA REQUIRED BY STATUTE CONTINUED

Calendar Year

	2nd Prior Year 19____	1st Prior Year 19____	Most Recent Year 19____
4. PAID CLAIMS			
A. # of Closed by Payment Claims	_____	_____	_____
B. Average Amount of Closed By Payment Claims	_____	_____	_____
C. Closed without Payment Ratio	_____	_____	_____
D. Salvage and Subrogation Recovery	_____	_____	_____
5. For each loss reserve, explain whether the reserve is discounted in anticipation of Future investment earnings.			

Accident Year

	2nd Prior Year 19____	1st Prior Year 19____	Most Recent Year 19____
6. LOSSES			
A. Total Incurred Losses	\$_____	\$_____	\$_____
B. Total Paid Losses	\$_____	\$_____	\$_____
C. Total Unpaid Losses	\$_____	\$_____	\$_____
D. Total Case Specific Reserves	\$_____	\$_____	\$_____
E. Ratio of Case Reserves To Paid Losses	_____	_____	_____

ADDITIONAL DATA REQUIRED BY STATUTE CONTINUED

Accident Year

	2nd Prior Year 19____	1st Prior Year 19____	Most Recent Year 19____
7. ALLOCATED LOSS ADJUSTMENT EXPENSES (ALAE):			
A. Total Incurred ALAE	\$_____	\$_____	\$_____
B. Total Paid ALAE	\$_____	\$_____	\$_____
C. Total Unpaid ALAE	\$_____	\$_____	\$_____
D. Total Case Specific Reserves (ALAE)	\$_____	\$_____	\$_____
E. Ratio of Case Reserves To Paid ALAE	_____	_____	_____

8. LOSSES and ALAE (6) + (7)

A. Total Incurred Losses And ALAE	\$_____	\$_____	\$_____
B. Total Paid Losses & ALAE	\$_____	\$_____	\$_____
C. Total Unpaid Losses & ALAE	\$_____	\$_____	\$_____
D. Total Case Specific Reserves (Losses & ALAE)	\$_____	\$_____	\$_____
E. Ratio of Case Reserves To Paid Losses & ALAE	_____	_____	_____

9. FOR LIABILITY INSURANCE ONLY

A. Policies are written on the following basis:

_____ Claims-made _____ Occurrence

B. Indicate if there has been a change in the preceding 12 months.

_____ No _____ Yes If yes, please explain the change

MISCELLANEOUS DATA

1. Provide a schedule of agent's commissions for the most recent three years.
2. Indicate any changes implemented to reduce or contain expenses, both acquisition and claim components.
3. Indicate if there are policy fees for this program.

_____ Yes _____ No

If yes, please answer the following:

- a. The policy fees apply to:

_____ New Business Amount: _____

_____ Renewal Business Amount: _____

- b. Indicate if the policy fees are included in the earned premium on pages CA-RA5 and CA-RA6. If not, explain

- c. Indicate the amount of the policy fee that is retained by the company and the amount that is retained by the agent.

- d. Specify what the policy fee is used for.

4. List any other miscellaneous fees that are applied. Explain the purpose of the fees.

STATE OF CALIFORNIA
DEPARTMENT OF INSURANCE

Insurer Name: _____
Line of Business: _____

APPLICATION FOR FORMS FILING

Insurers who wish to use a new or replacement form in connection with a program already filed with the commissioner must furnish the following information and documentation for our review. Revisions must be highlighted and the corresponding manual pages must be provided.

	<u>FORM NO.</u>	<u>TITLE</u>	<u>TYPE</u>	<u>SOURCE</u>	<u>SOURCE</u> <u>FORM NO.</u>	<u>CATEGORY</u>	<u>Restricts</u> <u>Coverage</u> <u>[Yes/No]</u>	<u>Broadens</u> <u>Coverage</u> <u>[Yes/No]</u>	<u>Rate</u> <u>Impact</u> <u>[Yes/No]</u>	<u>% Change</u>	<u>Flat</u> <u>Rate</u>
1] New:											
Old:											
2] New:											
Old:											
3] New:											
Old:											
4] New:											
Old:											
5] New:											
Old:											

SELECTED RESPONSES FOR THE ITEMS ABOVE

TYPE:	SOURCE	CATEGORY
1) Application	1) ISO*	1) New, mandatory
2) Endorsement	2) Other Advisory Org. (OAO)*	2) New, optional
3) Policy	3) Company	3) Replacement, mandatory
4) Other (Please define)	4) Other (State the name/s)	4) Replacement, optional
		5) Withdrawn, mandatory
		6) Withdrawn, optional

(*) Provide California Dept. of Insurance number (CDI #) under the column identified as Source Form No.

Documents to be Filed

_____ Describe the purpose of the form or form change.

_____ For **NEW FORMS**, furnish a copy of the form to be filed, unless identical to an advisory organization form. If the form is a new endorsement to the policy, describe any changes in coverage under the policy. Describe what adjustments, if any, will be made to the premium due to the introduction of the forms.

_____ For **REVISED FORMS**, describe any changes in coverage between the proposed form and the current form. Reference pertinent sections of each form affected. Brackets [] should be used to identify any deletions on the current form and underline all changes in the **revised form**. Describe what adjustments, if any, will be made to the premium due to the revisions.